

Nutrition and WIC Update

A Tisket, A Tasket: What Is The Deal With Baskets?

Sandy Perkins, MS, RD, LD, CBE

When the new Kansas WIC food packages are rolled out in August 2009, WIC staff in Kansas will be introduced to a new WIC concept, Food Baskets. The clinic staff person will no longer select a pre-tailored food package from a long list of available food packages, but rather create food packages specifically for each client from groups of interchangeable food items. Each group of interchangeable food items is called a “Food Basket.”



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When the “Assign Food Package” window is opened for the first time it will contain a list of “Food Baskets” that can be assigned based upon the client’s age, category and breastfeeding status. Each basket will come in prefilled with a default value that was predetermined by the state agency. This collection of “Food Baskets” filled in with the default value is currently being called the base food package. The basket will be full of all the other options that could be issued for the client. For example, the “Dairy Basket” may default to the max amount of fluid milk with one pound of cheese. If needed, the staff person could click on the basket and change the fluid milk or replace some of the fluid milk with dry milk. KWIC will keep track of quantities and equivalencies so it should be easy to determine how much to issue.

Remember the final design of the KWIC system has not yet been determined, but the basic concept will remain as described above.

Free Resources for Parents

Pat Dunavan, MS, RD, LD, CBE

Ever wish you had resources for parents to encourage early language and literacy development while helping them talk about food and physical activity? The Washington Learning System has developed just such a series of handouts.

To download, go to www.wlearning.com and click on the purple button that says “Free Parent Education Handouts” on the home page. The free, reproducible activities are designed to encourage parents to interact with their children while “on the go” or at home. The materials include suggestions for modifying activities to best fit the developmental needs of the child.

Can Low-Income Americans Afford a Healthy Diet?

Patrice Thomsen, MS, RD, LD

Below are main points from an article recently published by USDA. Quotations from the article are in regular type. *Comments about “take-away” messages for WIC staff are in italics, written by Patrice Thomsen, MS, RD, LD*



WIC staff will benefit from reading the full article, found on-line at:

<http://www.ers.usda.gov/AmberWaves/November08/Features/AffordHealthyDiet.htm>

“Low-income households that receive maximum benefits from the Supplemental Nutrition Assistance Program (SNAP – formerly named the Food Stamp Program) usually have the purchasing power necessary to afford healthy diets; others may not.”

“Relative to other households, low-income households must allocate a higher share of **both their income and time budgets** to food if they wish to consume palatable, nutritious meals.”

- *Cheaper nutritious foods often are less convenient than other choices. We should continue to seek out nutrition education resources and methods that provide ways to decrease time involved in preparing nutritious foods. At the same time we can emphasize the cost savings and additional nutritional benefit.*

“For many American households, achieving an affordable healthy diet will require reducing their expenditures on less nutritious foods and moving nutrient-dense foods, such as fruit and vegetables, to the center of their plates and budgets.”

- *We should continue efforts to encourage clients to learn about and enjoy nutrient-dense foods.*
- *We also need to find motivating factors to encourage clients to spend their money and time to increase the nutrient-dense foods in their diets.*

Source: Golan, E., Stewart, H., Kuchler, F., Dong, D. (2008). Can low-income Americans afford a healthy diet? *Amber Waves*. 6(5): 26-33.

New Year's Resolution

Patrice Thomsen, MS, RD, LD



Are you looking for a New Year's resolution for your professional life?

If so, you might consider attending a breastfeeding educator course in 2009. The intensive course packs a lot of information into three days. Many Kansas WIC staff members have attended this training, either using money in their WIC budget or by taking advantage of Kansas WIC policy ADM 11.02.00 Financial Support of Local Agency On-going Training. This training is open to **all** WIC staff, not just nurses and dietitians.

(Continued on next page)

New Year's Resolution (continued)

The trainings, provided by Debi Bocar, are listed in the monthly WIC I-memos. Currently there are dates for a few in nearby states. The next one expected for Kansas will be in October 2009 in Shawnee Mission (Kansas City area). See this web site for more information:

http://www.lactation-consultant-services.com/breastfeeding_educator_program.htm

Here are some comments from recent attendees.

From Jessica Sutton, the Breastfeeding Peer Counselor for the Reno County Health Department:

I work for WIC and am now a Certified Breastfeeding Educator thanks to the Breastfeeding Educator Course that I attended in Topeka. I found this course to be very interesting, factual and fun! Debi Bocar was a wonderful instructor with a wealth of knowledge on breastfeeding and all of the trials and triumphs associated with being a breastfeeding mother.



I now know proper latch on goals with newborns, ways to assist with first feedings, tools and techniques for mothers who discover that breastfeeding makes them very sore and sometimes engorged, ways to encourage mothers of premature infants to breastfeed, different positions for breastfeeding, how to tell if a mother is just sore or if there is an actual infection of the breast and much more. This class offered me many new techniques to try with new mothers and also gave me some interesting ways to talk to mothers about the barriers of breastfeeding and how to overcome them.

From Nicole Mattheyer, Trego County Health Department.

Overall this conference provided me with the confidence I needed to help promote breastfeeding to our WIC mothers, how to provide education and support to mothers with breastfeeding difficulties and how to increase the duration of time that women breastfeed. I highly recommend it to any or all WIC/MCH staff.

Thank You, Nada

Patrice Thomsen, MS, RD, LD

I had the good fortune to be able to attend a gathering honoring Nada Schroeder upon her retirement after 26 years as the WIC Coordinator at the Saline County Health Department. She spoke a few words to her fellow health department staff members. I wish that I had a tape recorder because her words, although brief, were very poignant. She said something like this...

"There is an old saying that goes, 'It is nice to be important, but it is even more important to be nice.' As Health Department staff we have the opportunity to be both. What we do is important to our clients. And no matter what is going on in our clients' lives, they should know that when they come into our office, we will be nice to them."

Thank you, Nada, for being a wonderful helper to countless WIC families and a wonderful colleague. We will miss you in the Kansas WIC Program.



Vena One Year Later
Erica Harris, MS, RD, LD and Cristina Garcia, RD, LD Texas WIC News, September/October 2008

Reprinted with permission of the Texas Department of State Health Services. Although this article was written for the Texas WIC newsletter, the information provided is very pertinent to Kansas.

It has been nearly one year since implementing Value Enhanced Nutrition Assessment (VENA). State and local agency staff worked together to smooth out kinks in VENA, and there’s still much more to learn. We’ve made great strides toward providing client-centered care to WIC clients, and hopefully it is paying off with healthier, happier families.

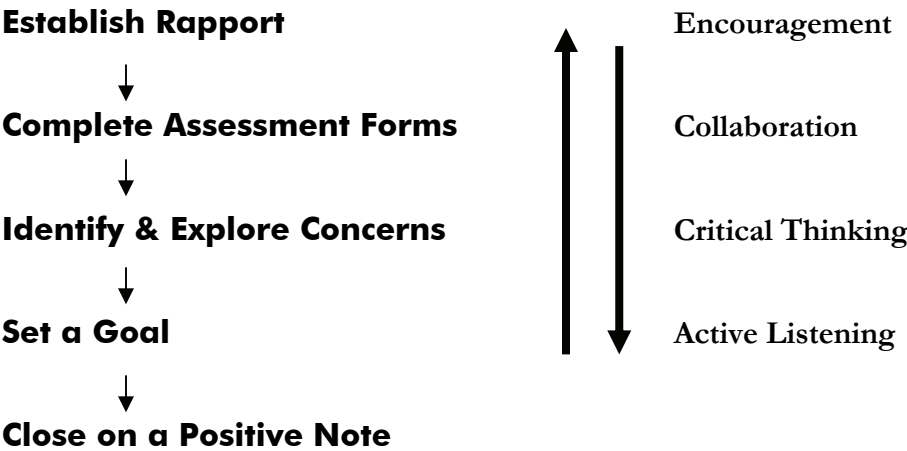


Guided by feedback from local agencies, the state agency has provided resources to help staff enhance their VENA counseling sessions. Here are highlights of a few of them.

Counseling Framework

For guidance on structuring counseling sessions, the state agency proposed a VENA Counseling Framework outlining five basic steps: establish rapport, complete assessment forms, identify and explore concerns, set a goal and close on a positive note. Here is a quick summary:

• • • **Counseling Framework**



- **Establishing rapport**, or a positive connection with clients, is essential to holding client-centered counseling sessions. Simple techniques such as welcoming clients and introducing yourself help create a comfortable tone. Demonstrating a caring attitude and offering help when appropriate may sound like common sense, but can make a big difference in the success of a counseling session.
- **Completing assessment forms** is the second step. Review the client’s history and ask for clarification as needed. Be sure to remain focused on relevant information while maintaining rapport.

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Vena One Year Later (continued)

- **Identifying and exploring the client's concerns** should be the “meat” of the session. Start by asking open-ended questions or offering agenda setting tools to identify what is important to the client. If they don't open up right away, try to lead the discussion based on nutritional risk while maintaining rapport. The beauty of VENA is the conversation could go in many directions – exploring their feelings and attitudes about the concern, identifying their strengths, and troubleshooting barriers. When delivering nutrition education advice, remember to ask permission first and make the messages brief and personal so they are meaningful to your clients.
- **Helping the client to set a goal** is the fourth step. Transition into this by summarizing the conversation and asking the client what issue they would like to work on. Remember that the clients are the best judge of what will work for their family.
- **Closing on a positive note** is the final step. Express appreciation for their time and let them know you look forward to hearing how things go.

Resources to Help Clients Voice Their Concern

Local agencies are concerned over how to assist timid or first-time clients to open up at the beginning of a session. In addition to building rapport and asking open-ended questions, counselors can try other techniques too. Many agencies have had success using Circle Charts from California WIC, and some even adapted their own agenda setting tools. Agenda setting tools are simply handouts with pictures to spark clients to identify a topic to discuss. Some agencies give them to clients along with health history forms to review while waiting, and others have posted them throughout the clinic.

**Tips for Helping Clients Set Goals**

Another aspect of VENA that has drawn attention is helping clients identify meaningful goals in a way that is natural, not awkward or forced. Here are a few tips.

- Transition into goal setting by summarizing the conversation as it's wrapping up. Consider saying something like, “We talked about A, B & C today...what is one thing you might be willing to work on over the next few months?”
- Avoid the word “goal” to keep the session more conversational. Some clients may respond better.
- Help the participant verbalize one behavior change they feel is attainable. Instead of lofty, broad goals like “I'm going to lose 30 pounds,” encourage the participant to be specific, such as “I'm going to walk my baby in the stroller 30 minutes each day.” Remember, little steps can lead to big health rewards in the long run.

Documentation

Much concern has also surfaced on how to effectively document sessions. Think about it as a “snapshot” of the session, not a long narrative of everything that happened. Documentation doesn't have to be fancy, but it should provide a clear picture of what was discussed so the next counselor can follow up. Remember that good documentation promotes continuity of care and reduces staff work in the long run.

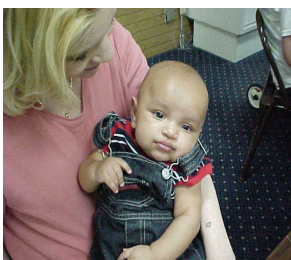
Reflections on WIC Diversity

Vicky Wiebe, Butler County WIC Clerk

(Reflections after seeing a diversity presentation at the 2008 National WIC Association conference.)

I had never really thought about the roadblocks that can come up for people of other countries and customs. By learning and understanding what they go through I can help make the transitions easier for them.

In our clinic, we see a few Spanish speaking or German Mennonites that speak Low German. They come to be comfortable with us and they feel they can ask us questions that may not even pertain to WIC. Understanding their challenges helps me to have the patience to explain and help them to understand our culture. I have learned a lot working with these clients.



On one occasion, I had a young mom (not Mennonite) in the waiting room with a very fussy baby. One of the Mennonite ladies walked up to her and asked, “First baby?” The young mom said “Yes”. The Mennonite lady asked, “Can I?” and held her arms out to hold the baby. As she held and soothed that baby, the baby fell asleep. The young mom then asked, “How did you do that?” The Mennonite lady told her, “My first cried a lot. I was nervous, now I have five; I am calm.” It was amazing to see this interaction. Through

very little communication and with broken English she had let the young mom know that she had experienced the same feelings as she had.

Study Correlates Preschooler's Screen Time with Obesity

Pat Dunavan, MS, RD, LD, CBE

Preschool children two years and older should spend no more than two hours a day watching television and using the computer. That's the recommendation from the American Academy of Pediatrics (AAP.) However, research at the Children's Nutrition Research Center in Houston, Texas shows that many preschoolers exceed these recommendations. This extra time spent in sedentary activity may be damaging to their health.



The study used the National Health and Nutrition Examination Survey that surveyed a diverse group of 1,800 preschoolers, ages two-five, concerning their “screen time,” measured as TV/video viewing or computer use. Researchers compared children watching more than two hours of TV/videos to those watching two hours or less. They also compared computer users to nonusers, relative to various selected health outcomes related to obesity.

Results showed that 30.8% of the preschoolers exceed the AAP guidelines just by watching television, not including computer time. Most watched one to three hours of TV or video on the assessment day. Those children who exceeded the AAP recommendations were more likely to be overweight or at risk for being overweight. Children's computer use also correlated to higher body fat but was not related to weight status.

WIC Client Survey Completed

Sandi Fry, WIC Vendor Manager

Long-awaited changes in the food packages will allow our clients to purchase a variety of fruits and vegetables, whole grains and soy products. To prepare for these changes in July 2008, Kansas WIC surveyed 720 clients/families to learn what foods WIC clients prefer and what they would be likely to choose if the program offered new foods.



State WIC staff selected nine Kansas counties to conduct a specific number of surveys. Those counties and the number of surveys completed are:

Cherokee/Labette/Montgomery	79
Crawford/Bourbon/Allen	65
Douglas	50
Southwest KS Agency (Finney, Kearny, Hamilton, Stanton, Grant, Haskell)	108
Franklin	22
Reno/McPherson	65
Riley/Pottawatomie	86
Sherman Agency (Wallace, Logan, Sherman, Thomas, Cheyenne, Rawlins, Decatur)	21
Wyandotte	238

The survey was a 12-page document with 47 questions that ranged from multiple choice, yes/no and fill-in the blank. The counties were able to decide how to best select clients and which county sites they wanted to use if they traveled to multiple sites.

The completed paper surveys were sent back to the State Agency where support staff entered all the information into the Survey Monkey web site. This web site provides statistical evaluation of the information collected.

In upcoming newsletters we will be going through the Client Survey and providing information about what Kansas WIC clients currently purchase for their families and what they are looking forward to purchasing in the future.



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WE'RE ON THE WEB!

WWW.KDHEKS.GOV/NWS-WIC

Growing healthy Kansas families



Our Vision: Healthy Kansans living in safe and sustainable environments

Local Agency News

We welcome these new WIC employees:

Cowley County, Melissa Shaw, Clerk

Gove County, Denise Lovelady, Clerk

Gray County, Jill Hemmert, RN

Nemaha County, Leah Heinen, RD

Republic County, Karen Henke, RN

Johnson County, Kammie Salinas, Clerk

Reno County, Toni VanWey, Clerk

Saline County, Danielle Anderes, RD

Saline County, Michele Orr-Muth, Clerk

Sedgwick County, Vanessa Leos, Clerk

Sedgwick County, Stephanie Ricke, RDE

Sedgwick County, Briann Miller, RD

Shawnee County, Melissa Diver, Clerk

Shawnee County, Betty Ruiz, RN

Wyandotte County, Maria Martinez, Clerk

We say goodbye to these WIC friends:

Cowley County, Heather Wright, Clerk

Johnson County, Stephanie Friedly, Clerk

Morris County, Kathy Garrett, RN

Saline County, Nada Schroeder, RD

Sedgwick County, Theresa Henry, Clerk

Wyandotte County, Regina Robinson, Clerk